

IN-HOME CARE/BASIC GRANT BUDGET DETAIL REPORT

Michigan Department of Human Services(DHS)

Child and Family Services

Service Component (Full Title/Name)	Check One <input type="checkbox"/> In Home Care <input type="checkbox"/> Basic Grant
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A. PERSONNEL (Employees of the Court of DHS)

Administrative Unit

☐ DHS ☐ Court

1. Salary and Wages	NAME(S)	FUNCTION	No. HOURS/WEEK	YEARLY COST
2. Fringe Benefits (Specify)				
Total Personnel				\$

B. PROGRAM SUPPORT (For employees identified in "A" above)

1. Travel	Rate/Mile	Estimate No. of Miles	YEARLY COST
2. Supplies and Materials (Description/Examples) Attach Extra Sheet if Needed*			YEARLY COST
3. Other Costs (Description/Examples) Attach Extra Sheet if Needed*			YEARLY COST
Total Program Support			\$

* Must comply with the definitions and limits listed for court operated facilities in the Child Care Fund Handbook.

AUTHORITY: Act 87, Public Acts of 1978, as amended.

COMPLETION: Is Required.

PENALTY: State reimbursement will be withheld from local government.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

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C. CONTRACTUAL SERVICES

1. Unit Rates	NAME(S)	RATE	UNIT (Describe)	TOTAL UNITS/ CONTRACT	YEARLY COST

2. Closed End Contracts	YEARLY COST

Total Contractual ▶ \$

D. NON-SCHEDULED PAYMENTS

TYPE OF SERVICE (Description)	Anticipated No. Units To be Provided	Average Cost of Each Service Unit	YEARLY COST

Total Non-Scheduled ▶ \$

E. SERVICE COMPONENT – IN HOME CARE OR BASIC GRANT

(Add Totals for A, B, C, and D above)

Total Service Component Cost ▶ \$

If you plan to fund any portion of this service component with other public revenue including other Child Care Funds or Basic Grant monies, or if this component is generating revenue (i.e. third party payments) specify the following:

F. PUBLIC REVENUE:

SOURCE	To be Provided	YEARLY COST

Total Public Revenue ▶ \$

G. Subtract Total Public Revenue from Total Service Component Cost (E-F)

TOTAL COST TO BASIC GRANT, NET ANTICIPATED IHC MATCHABLE EXPENDITURE
(Gross Costs Less Other Revenue) ▶ \$